

Washington State Department of Labor & Industries
Professional Services Fee Schedule

CPT Category II and III
Effective July 1, 2004

		DOLLAR VALUE			MODIFIERS											
CPT® CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	
0001F	Blood pressure, measured	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0002F	Tobacco use, smoking, assess	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0003F	Tobacco use, non-smoking	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0004F	Tobacco use txmnt counseling	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0005F	Tobacco use txmnt, pharmacol	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0006F	Statin therapy, prescribed	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0007F	Beta-blocker thx prescribed	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0008F	Ace inhibitor thx prescribed	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0009F	Assess anginal symptom/level	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0010F	Assess anginal symptom/level	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0011F	Oral antiplat thx prescribed	\$0.00	\$0.00	0	0%	0%	0%	0	0	0	0	0	0		F	
0001T	Endovas repr abdo ao aneurys	\$1,718.99	\$1,718.99	0	0%	0%	0%	0	0	0	0	0	0		F	
0003T	Cervicography	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0005T	Perc cath stent/brain cv art	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0		N	
0006T	Perc cath stent/brain cv art	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0		N	
0007T	Perc cath stent/brain cv art	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0		N	
0008T	Upper gi endoscopy w/suture	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
0009T	Endometrial cryoablation	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0010T	Tb test, gamma interferon	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
0012T	Osteochondral knee autograft	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0		N	
0013T	Osteochondral knee allograft	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0		N	
0014T	Meniscal transplant, knee	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0		N	
0016T	Thermotx choroid vasc lesion	By Report	By Report	0	0%	0%	0%	0	0	1	0	0	0		N	
0017T	Photocoagulat macular drusen	Not Covered	Not Covered	0	0%	0%	0%	0	0	1	0	0	0		X	
0018T	Transcranial magnetic stimul	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
0019T	Extracorp shock wave tx, ms	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
0020T	Extracorp shock wave tx, ft	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0021T	Fetal oximetry, trnsvag/cerv	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
0023T	Phenotype drug test, hiv 1	\$505.74	\$505.74	0	0%	0%	0%	0	0	0	0	0	0		F	
0024T	Transcath cardiac reduction	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0026T	Measure remnant lipoproteins	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0027T	Endoscopic epidural lysis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
0028T	Dexa body composition study	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0029T	Magnetic tx for incontinence	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
0030T	Antiprothrombin antibody	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0031T	Speculoscopy	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0032T	Speculoscopy w/direct sample	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
0033T	Endovasc taa repr incl subcl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	

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0034T	Endovasc taa repr w/o subcl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0035T	Insert endovasc prosth, taa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0036T	Endovasc prosth, taa, add-on	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0037T	Artery transpose/endovas taa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0038T	Rad endovasc taa rpr w/cover	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0039T	Rad s/i, endovasc taa repair	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0040T	Rad s/i, endovasc taa prosth	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0041T	Detect ur infect agnt w/cpas	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0042T	Ct perfusion w/contrast, cbf	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0043T	Co expired gas analysis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0044T	Whole body photography	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
0045T	Whole body integumentary photo	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
0046T	Catheter lavage, single duct	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
0047T	Catheter lavage, each addl duct	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X
0048T	Impl of ventricular assist device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
0049T	Ventricular assist device	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
0050T	Ventricular assist device removal	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
0051T	Artificial heart implantation	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
0052T	Artificial heart repair thoracic unit	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
0053T	Artificial heart repair components	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0		N
0054T	Bone surgery using computer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0055T	Bone surgery using computer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0056T	Bone surgery using computer	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N
0057T	Uppr gi scope w/ thrml txmnt	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
0058T	Cryopreservation, ovary tiss	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
0059T	Cryopreservation, oocyte	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
0060T	Electrical impedance scan	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X
0061T	Destruction of tumor, breast	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X